

Customer Service Feedback Form

Thank you for visiting RE/MAX Professionals Inc.! We value all of our customers and strive to meet everyone's needs.

Please tell us the date and location of your visit:

Date: _____ Location: _____

1. Were you satisfied with the customer service we provided you?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
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Comments

2. Was our customer service provided to you in an accessible manner?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
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Comments

3. Did you experience any problems accessing our goods and services?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
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Comments

Contact Information (optional)

Name: _____ Phone Number: _____

Email: _____

The completed Customer Service Feedback form can be emailed to:
lsansom@remaxprofessionals.ca or mailed/delivered to: 1645 Dundas Street West,
Mississauga, ON L5C 1E3